

**Optician
Provider Type 52
907 KAR 1:038**

Information about the program:

- Provider can only be an individual.
- Out-of-state providers may enroll.
- Optician must sign all forms.
- Provider must have “bricks & mortar”.
- Provider must have an on-site inspection upon request.

Additional Information to be submitted by the provider for application processing:

- MAP-811 Non-Credentialed
- Map-811 Addendum E
- MAP-347 (if working in a group setting)
- License of Ophthalmic Dispensers (current and reflecting requested enrollment date)
- Copy of social security card or notarized statement signed by applicant if applicant does not own tax id.
- If applicant is sole owner of a tax id, need to submit W-9 form.
- NPI and Taxonomy Verification

Important addresses:

- KY Board of Ophthalmic Dispensers
901 Dupont Road
Louisville, KY 40207
- KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602